

lead the public to infer that 26 physicians actually received this call and *refused to respond* before any one could be found to attend the patient. Before this statement was sent broadcast over the land it seems to me very proper that the editor of the *Republican* should have made some effort to learn the exact facts.

Sincerely yours,
GEO. A. AIKEN.

Emergency hospitals in most places are not regarded with much favor by the local physicians for, too often, the young men who do the work are not too particular to remember to refer the patient back to his own physician as soon as the emergency treatment is over. Such being the case, it is a pleasure to note the rules established by the Chief Surgeon of this service in San Francisco and to suggest that the example set might well be followed in other communities. We are advised that the rules are rigidly enforced and that any neglect to remember them is followed by dismissal from the service.

San Francisco, February 23, 1912.

NOTICE

To Surgeons, Emergency Hospital Service.

You are directed in every case brought to the hospital for treatment to at once, when possible, notify the family physician of the patient, and extend to him every possible assistance on his arrival.

San Francisco, May 28, 1912.

NOTICE

To Surgeons, Emergency Hospital Service.

Your attention is again called to the Rule of this Department that you shall not take for private patients those first seen and treated by you in an Emergency Hospital. If a patient informs you that he has no doctor, it is your privilege to suggest a list of not less than six names of doctors whom you know to be reputable in San Francisco, from which the patient may choose one.

You are urged to follow this Rule carefully, and, with a little thought, the benefit to this Service and to yourselves is evident.

It is a pleasure to note that the Nobel Prize, amounting to some \$39,000, has recently been awarded to Dr. Alexis Carrel, of the Rockefeller Institute for his remarkable work in connection with the suture of vessels and the transplantation of organs and tissue. Dr. Carrel's work has attracted the attention of the scientific world to himself and to the Rockefeller Institute and some of the results of his research have been largely instrumental in preventing antivivisection legislation in New York state that would seriously cripple scientific research for all time. We sincerely congratulate Dr. Carrel and commend the wisdom of the jury that awarded to him the Nobel Prize.

Last month we called attention to the complaint from various states that there was more or less public antagonism to good and fairly high-standard medical laws and **GEORGIA'S TROUBLES.** general antagonism to the medical profession. We may add Georgia to the list, for the legislature of that state has refused to pass a medical bill which would bring the standard of medical education up to that of most other states. In the issue of the *Journal of the Medical Association of Georgia* for October we find the following illuminating remark: "Our state is rapidly becoming the dumping ground for all manner of quacks and charlatans and we are doing nothing to prevent such a state of affairs." The same article also asserts that thousands of dollars will be spent by certain interests to prevent the passage of the bill when it again comes before the legislature for its attention.

DIET IN HOSPITALS.

A recent number of the *Journal of the American Medical Association* contains a symposium on hospital management and among other papers a suggestive essay by Dr. Horace D. Arnold on Hospital Dietetics in which the author starts with the following statement: "The average hospital today is inadequately equipped to feed patients properly according to modern dietetic principles," and he goes on further to say: "The patients are treated dietetically by a set of empirical rules very general and indefinite in character. The diets are ordered according to the name of the disease, with little consideration of the needs of the individual patient, and that the rest is largely left to the judgment of the nurse," and the remainder of his paper is devoted to a plea for scientific quantitative dieting and for hospital arrangements, permitting of such requirements to be properly carried out.

Attention has been drawn to the same points in connection with the hospitals in San Francisco, both in regard to the dietary at the City and County Hospital and to the use of quantitative diets in private practice. Dr. Arnold's plea and the valuable discussion that ensued thereon, wherein he was backed by some of the most eminent of our eastern confreres, gives opportunity to once more emphasize our crying needs. It is my fortune to have a practice wherein the larger proportion of cases are more dependent upon accurate and skilled feeding than in any other class of work, and I am daily brought face to face with the possibility of carrying out comparatively simple dietetic measures in the hospitals and sanitariums at our command. We have to do with at least four great groups of cases, namely, cases of stomach and intestinal diseases, diseases of the kidney, of the liver and of the heart, wherein it may be safely asserted that suc-